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والصدائل المحاضم واحكاهم ويعمر والمعقوم بحقارتهم

TO: COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSER" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450 ALEXANDRIA, VA 22313-1450.

TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed June 10, 2003, in the above-identified application.

- X Small Entity status of this application has been established under 37 CFR 1.27.
- X Exhibits A-E.
- Petition for Extension of Time is enclosed (in duplicate).
- \_\_\_\_ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	20	-	22	-	0	x	\$9	\$18	#	\$0.00	\$
INDEPEN- DENT CLAIMS	1	-	3	-	0	х	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		XXNO		\$140	\$280	=	\$0.00	\$
						TOTAL ADDITIONAL FEE			\$0.00	\$	

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

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